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PTO/SB/21 (09-04) (AW 10/2004)
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| Application Number | 10/727,757 | |
| Filing Date | December 3, 2003 | |
| First Named Inventor | John A. Helgenberg | |
| Art Unit | 2841 | |
| Examiner Name | Dameon E. Levi | |
| Attorney Docket No. | TN324 (UNS-457US) | |

| ENCLOSURES (Check all that apply) | | | | | | | |
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| | nsmittal Fo | | | Drawing(s) Licensing-related | Papers | | After Allowance Communication to TC |
| Extension Express Informa Certified | tion Disclos | Request nent Request ure Statement riority Document(s) | | Petition Petition to Convert Provisional Applie Power of Attorner Change of Correst Address Terminal Disclaim Request for Refu | rt to a cation /, Revocation, spondence ner | | Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): The Postcard |
| Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | |
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| Date | July 18, 2005 Registration No. 45,202 | | | | | | |
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| Filing Date December 3, 2003 | Filing Date December 3, 2003 | FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Dameon E. Levi | Ef | | | | | Complete if Kn | own | |
| Filing Date | Filing Date December 3, 2003 | FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Dameon E. Levi | Fees pursuant to the Conso | | • | 2. 4818). Applicat | ion Number | 10/727,757 | | |
| Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 | Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Dameon E. Levi Art Unit 2841 | Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Dameon E. Levi Art Unit 2841 | FEE IF | KANSIV | IIIIAL | Filing D | ate | December 3, 2003 | | |
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| METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filit □ Charge any additional fee(s) or underpayment of fee(s) □ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information in PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (\$) | METHOD OF PAYMENT (check all that apply) Check | METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing that it is form any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information on this form may become public. Credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be i | | in Chirty States. | 300 07 OF TO 1.27 | | | 2841 | | |
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Appln. No.: 10/727,757 TN324 (UNS-457US)

'Amendment Dated: July 18, 2005 Reply to Office Action of April 18, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

10/727,757

plicant:

John A. Helgenberg et al.

Filed:

December 3, 2003

Title:

EMI CLOSE OUT COVER, EMPTY CELL LOCATION

TC/A.U.:

Examiner:

Dameon E. Levi

Confirmation No.: 7619 Docket No.:

TN324

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

| identif | ied application as follov | vs: | |
|-------------|--|--|-----------------------------------|
| | Amendments to the | Specification begin on page | e of this paper. |
| ⊠ page 2 | Amendments to the of this paper. | Claims are reflected in the I | isting of claims which begins on |
| □ attach | Amendments to the ed replacement sheet(s | Drawings begin on page | of this paper and include an |
| ☐ the Ab | Amendments to the stract is on page | Abstract are on page of this paper. | of this paper. A clean version of |
| \boxtimes | Remarks/Arguments | s begin on page 6 of this par | per. |

Responsive to the Office Action dated April 18, 2005, please amend the above-

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